

# PRETREATMENT AUDIT CHECKLIST

## (MUNICIPAL POLLUTION PREVENTION ASSESSMENT)

Section I: General Information . . . . . Pages 1- 4  
Section II: Pretreatment Program Analysis . . . . . Pages 5-19  
Section III: Industrial User File Evaluation . . . . . Pages 20-28

### SECTION I: GENERAL INFORMATION

#### A. GENERAL INFORMATION

Control Authority Name: \_\_\_\_\_ NPDES #: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
\_\_\_\_\_

Permit Signatory: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

Pretreatment Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Pretreatment program approval date: \_\_\_\_\_

Dates of approval of any substantial modifications: \_\_\_\_\_

Month Annual Pretreatment Report Due: \_\_\_\_\_

Pretreatment Year Dates: \_\_\_\_\_ Date(s) of Audit: \_\_\_\_\_  
(ASSESSMENT)

Inspector(s):

<u>NAME</u>	<u>TITLE/AFFILIATION</u>	<u>PHONE NUMBER</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Control Authority representative(s):

<u>NAME</u>	<u>TITLE</u>	<u>PHONE NUMBER</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

\* Identifies Program Contact

Dates of Previous PCIs/Audits:

**SECTION I: GENERAL INFORMATION**

TYPE	DATE	DEFICIENCIES NOTED

YES   NO

\_\_\_   \_\_\_   Is the Control Authority currently operating under any pretreatment related consent decree, Administrative Order, compliance or enforcement action?

                  If yes, describe the required corrective action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_   \_\_\_   Is the Control Authority currently in SNC or RNC?

.....

The remainder of this page has been left blank, but provides a place to enter a narrative description of any information that may not fit appropriately into the questions that are asked. Mark questions or input areas with an asterisk or footnote that tells that there is more explanatory information and where it can be found.

## SECTION I: GENERAL INFORMATION

### B. TREATMENT PLANT INFORMATION

#### 1. THIS PRETREATMENT PROGRAM COVERS THE FOLLOWING NPDES PERMITS/TREATMENT PLANTS:

NPDES Permit No.	Name of Treatment Plant	Effective Date	Expiration Date
*			

\* Indicates the permit number/treatment plant under which the Pretreatment Program is tracked.

#### 2. Individual Treatment Plant Information

a. Name of Treatment Plant: \_\_\_\_\_

Location Address: \_\_\_\_\_

Expiration Date of NPDES Permit: \_\_\_\_\_

Treatment Plant Wastewater Flow: Design- \_\_\_\_\_ MGD; Actual (Average)- \_\_\_\_\_ MGD

Sewer System: \_\_\_\_\_ % Separate; \_\_\_\_\_ % Combined, # of CSOs \_\_\_\_\_

#### Industrial Contribution to this Treatment Plant

# of SIUs : \_\_\_\_\_ # of CIUs : \_\_\_\_\_  
Industrial Flow (mgd): \_\_\_\_\_ Industrial Flow (%) : \_\_\_\_\_ %

#### Level of Treatment

#### Type of Process(es):

Primary \_\_\_\_\_

Secondary \_\_\_\_\_

Tertiary \_\_\_\_\_

Method of Disinfection: \_\_\_\_\_

Dechlorination \_\_\_\_\_ YES \_\_\_\_\_ NO

#### Effluent Discharge

Receiving Stream Name: \_\_\_\_\_

Receiving Stream Classification: \_\_\_\_\_

Receiving Stream Use: \_\_\_\_\_

If effluent is disposed of to any location other than the receiving stream,  
please note: \_\_\_\_\_

Method of Sludge Disposal:

Quantity of Sludge:

\_\_\_\_\_ Land Application

\_\_\_\_\_ dry tons/yr.

\_\_\_\_\_ Incineration

\_\_\_\_\_ dry tons/yr.

## SECTION I: GENERAL INFORMATION

_____ Monofill	_____ dry tons/yr.
_____ Mun. Solid Waste Landfill	_____ dry tons/yr.
_____ Public Distribution	_____ dry tons/yr.
_____ Lagoon Storage	_____ dry tons/yr.
_____ Other (specify)	_____ dry tons/yr.

List of toxic pollutant limits in NPDES permit: \_\_\_\_\_

a. (continuation of individual treatment plant information for  
Treatment Plant.)

YES   NO   Does the Control Authority hold a sludge permit or has the NPDES permit been modified to include sludge use and disposal requirements? If yes, specify the following:

Issuing Authority: \_\_\_\_\_  
 Issuance Date: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_

List pollutants that are specified in current sludge permit:

YES   NO   N/A  
 \_\_\_\_\_ Has the Control Authority submitted results of whole effluent biological toxicity testing.  
 \_\_\_\_\_ Has there been a pattern of toxicity demonstrated by effluent toxicity testing? If yes, explain what has been or is being done about it. (eg. Is there an ongoing TRE?) \_\_\_\_\_

How many times were the following monitored during the past pretreatment year?

	<u>Influent</u>	<u>Effluent</u>	<u>Sludge</u>	<u>Ambient</u>
Metals *	_____	_____	_____	_____
Priority **	_____	_____	_____	_____
Biomonitoring	_____	_____	_____	_____
TCLP	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____

\* As identified at 40 CFR 122, Appendix D, Table III, Table II

\*\* As identified at 40 CFR 122, Appendix D,

Summarize any trends over the last five years regarding pollutant (influent, effluent and sludge) loadings. Have they increased, decreased, or stayed the same. Evaluate for each parameter measured.

YES   NO   N/A

## SECTION I: GENERAL INFORMATION

\_\_\_ \_\_\_ \_\_\_ Has the POTW begun tracking the trends in the above samples?

\_\_\_ \_\_\_ \_\_\_ Has the POTW violated it's NPDES Permit either for effluent limits or sludge over the last 12 months?

If yes, List the NPDES effluent and sludge limits violated and the suspected cause(s)

Parameters Violated

Cause(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

YES NO

\_\_\_ \_\_\_ Has the treatment plant sludge violated the TCLP Test?

## SECTION II: PROGRAM ANALYSIS AND PROFILE

### C. Control Authority Pretreatment Program Modification [403.18]

YES NO

\_\_\_ \_\_\_ Has public comment been solicited during revisions to the Sewer use ordinance and/or local limits since the last program modification? [403.5(c)(3)]

\_\_\_ \_\_\_ Have any substantial modifications been made or requested to any pretreatment program components since the last audit? If yes, identify below.

\_\_\_\_\_  
\_\_\_\_\_

#### 1. Modifications:

<u>Date Approved by EPA</u>	<u>Ordinance Citation/ Nature of Modification</u>	<u>Date Incorporated in NPDES Permit</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

#### 2. Modifications in Progress:

<u>Date Requested</u>	<u>Nature of Modification</u>
_____	_____
_____	_____

YES NO

\_\_\_ \_\_\_ Have any changes been made to any pretreatment program components (excluding any listed above)? If yes:

\_\_\_ \_\_\_ Has the Control Authority notified the Approval Authority of all program changes? (e.g., Modified forms, procedures, legal authorities). If no, please copy and attach the modified form, etc.

## SECTION II: PROGRAM ANALYSIS AND PROFILE

### D. Legal Authority [403.8(f)(1)]

Date of original Pretreatment Program approval: \_\_\_\_\_ [WENDB-PTIM]

Date of most recent Ordinance approved by the Control authority: \_\_\_\_\_

Date of most recent Pretreatment Program modification approval: \_\_\_\_\_

Does the Control Authority's legal authority enable it to:  
[403.8(f)(1)(i-vii)]

YES    NO

_____	_____	Deny or condition pollutant discharges
_____	_____	Require compliance with standards
_____	_____	Control discharges through permit or similar means
_____	_____	Require compliance schedules and IU reports
_____	_____	Carry out inspection and monitoring activities
_____	_____	Obtain remedies for noncompliance
_____	_____	Comply with confidentiality requirements
_____	_____	Establish Pollution Prevention

YES    NO

\_\_\_\_\_ Has the city developed and adopted a Pollution Prevention policy?

YES    NO

\_\_\_\_\_ Has the Control Authority experienced difficulty in implementing the sewer use ordinance? If yes, identify reason:

_____	No oversight authority
_____	No inspection authority
_____	No remedies for noncompliance
_____	No "equivalent" standard
_____	No clear delineation of responsibility for program implementation
_____	Interjurisdictional agreements not entered into
_____	Other, Specify: _____

\_\_\_\_\_ Are all industrial users located within the jurisdictional boundaries of the Control Authority? If no:

\_\_\_\_\_ Has the Control Authority negotiated all legal agreements necessary to ensure that pretreatment standards will be enforced in contributing jurisdictions?

\_\_\_\_\_ Have provisions been made for the incorporation of Pollution Prevention (P<sup>2</sup>) policies by contributing jurisdictions?

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List the name of contributing jurisdictions, if any, the number of CIUs, SIUs and type of multijurisdictional agreements in those jurisdictions:

	<u>Name of Jurisdiction</u>	<u>Number of CIUs</u>	<u>Number of Other SIUs</u>	<u>Type of Agreement</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

If relying on activities of contributing jurisdictions, indicate which activities are performed by jurisdictions and describe any problems in their implementation.

### Problems

_____	Updating industrial waste survey	_____
_____	Notification of IUs	_____
_____	Permit issuance	_____
_____	Receipt and review of IU reports	_____
_____	Inspection and sampling of IUs	_____
_____	Assessment of IUs for P <sup>2</sup> activity	_____
_____	Analysis of samples	_____
_____	Enforcement	_____
_____	Other: _____	_____

Briefly describe other problems: \_\_\_\_\_

Identify any IUs that have caused problems of interference, upset, pass through, sludge contamination, problems in the collection system, or worker health and safety in the past 12 months:

<u>IU Name</u>	<u>Problem</u>	<u>NPDES Permit Violation</u>	
		<u>Yes</u>	<u>No</u>
_____	_____	_____	_____
_____	_____	_____	_____

### E. Industrial User Characterization [403.8(f)(2)(i)]

YES NO

_____	_____	Has the Control Authority (CA) updated its Industrial Waste Survey (IWS) to identify new Industrial Users (IUs) or changes in wastewater discharges at existing IUs? [403.8(f)(2)(i)]
_____	_____	If yes, while conducting the IWS, was each potential IU evaluated by the CA for the possibility of incorporating P <sup>2</sup> activity?
_____	_____	Does the Control Authority have written procedures to update its

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Industrial Waste Survey (IWS) to identify new Industrial Users (IUs) or changes in wastewater discharges at existing IUs? [403.8(f)(2)(i)]

If yes, do the written procedures include provisions for the assessment of potential new IUs to incorporate P<sup>2</sup> activity and the distribution of P<sup>2</sup> reference materials to the IUs which qualify?

What methods are used to update the IWS:

- ☐ Review of newspaper/phone book
- ☐ Review of plumbing/building permits
- ☐ Review of water billing records
- ☐ Permit reapplication requirements
- ☐ Onsite inspections
- ☐ Citizen involvement
- ☐ Other (specify) \_\_\_\_\_

How often is the survey to be updated? \_\_\_\_\_

Are there any problems that the Control Authority has in identifying and categorizing SIUs: \_\_\_\_\_

YES NO

\_\_\_\_\_ Have any new SIUs been identified within the last 12 months? If yes:

<u>Name of IU</u>	<u>Type of Industry</u>	<u>Is the IU Permitted?</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How many IUs are currently identified by the Control Authority in each of the following groups:

- a. \_\_\_\_\_ SIUs (As defined by the Control Authority) [WENDB-SIUS]
- b. \_\_\_\_\_ Categorical Industrial Users (CIUs) [WENDB-CIUS]
- c. \_\_\_\_\_ Noncategorical SIUs
- d. \_\_\_\_\_ Other regulated nonsignificant IUs (Describe) \_\_\_\_\_
- \_\_\_\_\_ TOTAL of a. + d.

YES NO

\_\_\_\_\_ Has the POTW identified any IUs with Pollution Prevention opportunities?  
\_\_\_\_\_ Is the Control Authority's definition of "significant industrial user" the same as EPA's? [403.3(t)(1)(i-ii)]

If not, the Control Authority has defined "significant industrial user" to mean:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### F. Control Mechanism Evaluation [403.8(f)(1)(iii)]

YES   NO

\_\_\_\_ Has the Control Authority asked for Best Management Practices (BMPs) or Pollution Prevention assessments as part of the permit application?

Describe the Control Authority's approved control mechanism (e.g., permit, etc.): \_\_\_\_\_

What is the maximum term of the control mechanism? \_\_\_\_\_

\_\_\_\_ How many SIUs are not covered by an existing, unexpired permit or other control mechanism? [WENDBs-NOCM] If there are any SIUs without current (unexpired) permits, please complete the information below:

<u>IU NAME</u>	<u>PERMIT EXPIRATION DATE</u>
_____	_____
_____	_____
_____	_____

YES   NO

\_\_\_\_ Does the Control Authority accept trucked septage wastes?  
\_\_\_\_ Does the Control Authority accept other trucked wastes?  
\_\_\_\_ Does the Control Authority have a control mechanism for regulating trucked wastes? If yes, answer the following:

<u>YES</u>	<u>NO</u>
____	____
Does Control Mechanism designate a discharge point? [403.5(b)(8)]	
____	____
Are all applicable categorical standards and local limits applied to trucked wastes ?	

List all pollutants and applicable limits, other than local limits and categorical standards, that are applied to waste haulers:

<u>Pollutant</u>	<u>Limit</u>
_____	_____
_____	_____
_____	_____

Describe the discharge point(s) (including security procedures):  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Does the Control Authority accept Underground Storage Tank (UST) cleanup wastes?

\_\_\_\_ Does the Control Authority have a control mechanism for regulating wastes

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from UST sites?

List all pollutants and applicable limits, other than local limits and categorical standards, that are applied to UST cleanup sites:

Pollutant	Limit
_____	_____
_____	_____
_____	_____
_____	_____

### G. Application of Pretreatment Standards and Requirements

YES   NO

\_\_\_\_   \_\_\_\_   Has the POTW notified the IUs of their potential requirement to report hazardous wastes to EPA, the State, and the POTW?

\_\_\_\_\_   Date Notified   \_\_\_\_\_   Method of Notification

How does the Control Authority keep abreast of current regulations to ensure proper implementation of standards?

_____ Federal Register	_____ Journals, Newsletters
_____ Meetings, Training	_____ Other _____
_____ Government Agencies	_____ Other _____

YES   NO

\_\_\_\_   \_\_\_\_   Is the Control Authority in the process of making any changes to its local limits or have limits changed since the last PCI, Audit, or Annual Report?

If yes, complete the information below:

Pollutant Changed	Old Limit	New Limit	Reason for Change
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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YES NO

\_\_\_\_ Has the Control Authority technically evaluated the need for local limits for all required pollutants listed below? [WENDB-EVLL] [403.5(c)(1); 403.8(f)(4)]

	Headworks Analysis Completed?		Local Limits Needed?		Local Limits Adopted?		Numerical Limit Adopted (mg/l)
	Yes	No	Yes	No	Yes	No	
Arsenic (As)	_____	_____	_____	_____	_____	_____	_____
Cadmium (Cd)	_____	_____	_____	_____	_____	_____	_____
Chromium-Total	_____	_____	_____	_____	_____	_____	_____
Copper (Cu)	_____	_____	_____	_____	_____	_____	_____
Cyanide (CN)	_____	_____	_____	_____	_____	_____	_____
Lead (Pb)	_____	_____	_____	_____	_____	_____	_____
Mercury (Hg)	_____	_____	_____	_____	_____	_____	_____
Molybdenum (Mo) *	_____	_____	_____	_____	_____	_____	_____
Nickel (Ni)	_____	_____	_____	_____	_____	_____	_____
Selenium (Se) *	_____	_____	_____	_____	_____	_____	_____
Silver (Ag)	_____	_____	_____	_____	_____	_____	_____
Zinc (Zn)	_____	_____	_____	_____	_____	_____	_____

\* - If necessary for the sludge disposal option chosen.

YES NO

\_\_\_\_ Has the Control Authority identified pollutants of concern other than the required pollutants and technically evaluated the need for local limits for these? If yes, provide the following information:

POLLUTANT	Headworks Analysis Completed?		Local Limits Needed?		Local Limits Adopted?		Numerical Limit Adopted (mg/l)
	Yes	No	Yes	No	Yes	No	
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

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YES   NO

\_\_\_\_   \_\_\_\_   Where it has been determined that certain pollutants need to have limits, has the POTW identified the sources of the pollutants?

What method of allocation was used for local limits for each pollutant that has a local limit in-place?

	TYPE OF ALLOCATION		
	Uniform Concentration	Mass	Hybrid
Arsenic (As)	_____	_____	_____
Cadmium (Cd)	_____	_____	_____
Chromium-Total	_____	_____	_____
Copper (Cu)	_____	_____	_____
Cyanide (CN)	_____	_____	_____
Lead (Pb)	_____	_____	_____
Mercury (Hg)	_____	_____	_____
Molybdenum (Mo)	_____	_____	_____
Nickel (Ni)	_____	_____	_____
Selenium (Se)	_____	_____	_____
Silver (Ag)	_____	_____	_____
Zinc (Zn)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If there is more than one treatment plant, were the local limits established specifically for each plant or were local limits applied uniformly to all plants? \_\_\_\_\_

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### H. COMPLIANCE MONITORING

#### Compliance Monitoring and Inspection Requirements:

<u>Program Aspect</u>	<u>Approved Program</u>	<u>Federal Requirement</u>	<u>Explain Difference</u>
Inspections:			
CIUs	_____	1/year	_____
Other SIUs	_____	1/year	_____
Sampling:			
CIUs	_____	1/year	_____
Other SIUs	_____	1/year	_____
Reporting:			
CIUs	_____	2/year	_____
Other SIUs	_____	2/year	_____
Self-Monitoring:			
CIUs	_____	2/year	_____
Other SIUs	_____	2/year	_____

\_\_\_\_ # \_\_\_\_ % How many and what percentage of SIUs were:  
(refer to p.1 for Pretreatment year)

\_\_\_\_ Not sampled at least once in the past reporting year?

\_\_\_\_ Not inspected at least once in the past Pretreatment reporting year?

\_\_\_\_ Not inspected and not sampled at least once in the past reporting year ?  
[WENDB-NOIN]-[403.8(f)(2)(v)]

Attach the names of SIUs that were not sampled and/or not inspected within the last Pretreatment reporting year. Include an explanation next to each name as to why it was not sampled and/or not inspected.

Does the Control Authority routinely split samples with industrial personnel:

YES NO

\_\_\_\_ If requested?

\_\_\_\_ To verify IU self-monitoring results?

Provide the following information regarding pollutant analyses done by the POTW:

	<u>Analytical Method *</u>	<u>Name of Laboratory</u>
Metals	_____	_____
Cyanide	_____	_____
Organics	_____	_____
Other	_____	_____

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Were all wastewater samples analyzed by 40 CFR 136 methods?

\* Enter the type of Analytical Method used for each group of pollutants. (eg. AA-flame, AA-furnace, GC, GC/MS, ICP, etc.)

YES   NO

\_\_\_\_   \_\_\_\_   Does the POTW use QA/QC for sampling and analysis? If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How much time normally elapses between sample collection and obtaining analytical results for:

\_\_\_\_   Conventionals  
\_\_\_\_   Metals  
\_\_\_\_   Organics

\_\_\_\_   \_\_\_\_   Is there an established protocol clearly detailing sampling location and procedures?

\_\_\_\_   \_\_\_\_   Has the Control Authority had any problems performing compliance monitoring?

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the Control Authority use the following methods for compliance monitoring?

YES   NO

\_\_\_\_   \_\_\_\_   Scheduled compliance monitoring  
\_\_\_\_   \_\_\_\_   Unscheduled compliance monitoring  
\_\_\_\_   \_\_\_\_   Demand monitoring for IU compliance  
\_\_\_\_   \_\_\_\_   IU self-monitoring  
\_\_\_\_   \_\_\_\_   Other: \_\_\_\_\_

YES   NO

\_\_\_\_   \_\_\_\_   Has the Control Authority identified any violation of the prohibited discharge standards in the last reporting year ? If yes, describe below.

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### I. ENFORCEMENT

YES NO

\_\_\_ \_\_\_ Is the Control Authority definition of SNC consistent with EPA's?  
[403.8(f)(2)(vii)]

\_\_\_ \_\_\_ Does the Control Authority have a written enforcement response  
plan? [403.8(f)(5)]. If yes, does the plan:

YES NO

\_\_\_ \_\_\_ Describe how the Control Authority will investigate instances of  
noncompliance

\_\_\_ \_\_\_ Describe the Control Authority's types of escalating enforcement  
responses and the periods for each response

\_\_\_ \_\_\_ Identify by Title the Official(s) responsible for implementing  
each type of enforcement response

\_\_\_ \_\_\_ Reflect the Control Authority's responsibility to enforce all  
applicable pretreatment requirements and standards

Check those compliance/enforcement options that are available to the POTW in the  
event of IU noncompliance: [403.8(f)(1)(vi)]

___	Notice or letter of violation	___	Administrative Order
___	Setting of compliance schedule	___	Revocation of permit
___	Injunctive relief	___	Fines (maximum amount):

civil	\$	___/day/violation
criminal	\$	___/day/violation
administrative	\$	___/day/violation

\_\_\_ Imprisonment  
\_\_\_ Termination of Service  
\_\_\_ Other: \_\_\_\_\_

Describe any problems the Control Authority has experienced in  
implementing or enforcing its pretreatment program: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

YES NO

\_\_\_ \_\_\_ When violations occur, does the Control Authority routinely notify SIUs  
and escalate enforcement responses if violations continue? [403.8(f)(5)]

\_\_\_ \_\_\_ Are SIUs required to notify the Control Authority within 24  
hours of becoming aware of a violation and to conduct additional  
monitoring within 30 days after the violation is identified?

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[403.12(g)(2)].

Comment: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_ \_\_\_ If no, does the Control Authority conduct all of the monitoring?

YES NO N/A

\_\_\_ \_\_\_ \_\_\_ Does the pattern of enforcement conform to the Enforcement Response Plan?

Complete the following table for SIUs identified as SNC.

SIU Name	Date First Identified in SNC	Enforcement Action		Return to Compliance?	
		Type	Date	Yes (Date)	No
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Indicate the number and percent of SIUs that were identified as being in significant noncompliance during the past Pretreatment reporting period:

#	%	
_____	_____	Pretreatment Standards [WENDB-PSNC] (Local Limits/Categorical Standards)
_____	_____	Self-monitoring requirements [WENDB-MSNC]
_____	_____	Reporting requirements [WENDB-PSNC]
_____	_____	Pretreatment compliance schedule [WENDB-SSNC]
_____	_____	How many SIUs that are currently in SNC with self-monitoring and were not inspected or sampled? [WENDB-SNIN]

YES NO

\_\_\_ \_\_\_ Does the ERP provide for any Pollution Prevention activities as corrective actions? If so, give some examples. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the Control Authority experienced any of the following:

YES NO

EXPLAIN and ID Industrial User

\_\_\_ \_\_\_ Interference [WENDB]. \_\_\_\_\_  
\_\_\_ \_\_\_ Pass through [WENDB]. \_\_\_\_\_  
\_\_\_ \_\_\_ Fire or explosions? \_\_\_\_\_  
          (incl. flash point viol.)  
\_\_\_ \_\_\_ Corrosive structural damage? \_\_\_\_\_  
          (incl. pH <5.0). \_\_\_\_\_  
\_\_\_ \_\_\_ Flow obstructions? \_\_\_\_\_  
\_\_\_ \_\_\_ Excessive flow  
          or pollutant

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\_\_\_\_\_ concentrations? \_\_\_\_\_  
\_\_\_\_\_ Heat problems? \_\_\_\_\_  
\_\_\_\_\_ Interference due to oil \_\_\_\_\_  
\_\_\_\_\_ or grease? \_\_\_\_\_  
\_\_\_\_\_ Toxic fumes? \_\_\_\_\_  
\_\_\_\_\_ Illicit dumping of \_\_\_\_\_  
\_\_\_\_\_ hauled wastes? \_\_\_\_\_

YES NO

\_\_\_\_\_ Does the Control Authority compare all monitoring data to applicable Pretreatment Standards and requirements contained in the control mechanism? [403.8(f)(2)(iv)]

\_\_\_\_\_ How many SIUs are currently on compliance schedules?

\_\_\_\_\_ Have any CIUs been allowed more than 3 years from the effective date of a categorical standard to achieve compliance with those standards? [403.6(b)]

Indicate the number of SIUs from which penalties have been collected by the Control Authority during the past Pretreatment reporting period:

	<u>Number</u>	<u>Amount</u>
Civil	_____	\$ _____
Administrative	_____	\$ _____
Total	_____	\$ _____

[WENDB-IUPN]

### J. DATA MANAGEMENT/PUBLIC PARTICIPATION

YES NO

\_\_\_\_\_ Are inspection & sampling records well documented, organized and readily retrievable? Are files/records:

YES NO  
\_\_\_\_\_ computerized  
\_\_\_\_\_ hard copy  
\_\_\_\_\_ OTHER: \_\_\_\_\_

Are the following files computerized:

YES NO

\_\_\_\_\_ Control Mechanism Issuance  
\_\_\_\_\_ Inspection and Sampling schedule  
\_\_\_\_\_ Monitoring Data  
\_\_\_\_\_ IU Compliance Status Tracking  
\_\_\_\_\_ Other: \_\_\_\_\_

Can IU monitoring data can be retrieved by:

\_\_\_\_\_ Industry name  
\_\_\_\_\_ Pollutant type  
\_\_\_\_\_ Industrial category or type

## SECTION II: PROGRAM ANALYSIS AND PROFILE

\_\_\_\_ SIC Code  
\_\_\_\_ IU discharge volume  
\_\_\_\_ Geographic location  
\_\_\_\_ Receiving treatment plant (i.e. if > one plant in the system)  
\_\_\_\_ Other (specify) \_\_\_\_\_

\_\_\_\_ Does the POTW have provisions to address claims of confidentiality?  
[403.8(f)(1)(vii)]

\_\_\_\_ Have IUs requested that data be held confidential?  
How is confidential information handled by the Control Authority?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Are there significant public or community issues impacting the POTW's pretreatment program?  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Are all records maintained for at least 3 years?

### K. RESOURCES

What is the current level of resources dedicated to the Pretreatment Program in FTEs and funding amounts? [403.8(f)(3)] \* - FTE = Full Time Equivalent Employee

\_\_\_\_\_  
\_\_\_\_\_

YES   NO

\_\_\_\_ Have any problems in program implementation been observed which appear to be related to inadequate funding?  
If yes, describe and show below the source(s) of funding for the program:  
\_\_\_\_\_  
\_\_\_\_\_

	<u>Percent of Total Funding</u>
____ POTW general operating fund	_____
____ IU permit fees	_____
____ monitoring charges	_____
____ industry surcharges	_____
____ other (describe) _____	_____
Total	100%

\_\_\_\_ Is funding expected to continue near the current level? If no, will it:  
Increase \_\_\_\_\_ or Decrease \_\_\_\_\_  
If no, describe the nature of the changes:

## SECTION II: PROGRAM ANALYSIS AND PROFILE

Are an adequate number of personnel available for the following program areas:

<u>YES</u>	<u>NO</u>		<u>If no, explain</u>
___	___	Legal assistance	_____
___	___	Permitting	_____
___	___	IU inspections	_____
___	___	Sample collection	_____
___	___	Sample analyses	_____
___	___	Data analysis,	_____
___	___	review and response	_____
___	___	Enforcement	_____
___	___	Administration	_____
___	___	(inc. record keeping	_____
___	___	/data management)	_____

Does the Control Authority have access to adequate:

<u>YES</u>	<u>NO</u>		<u>If yes then list and if no, explain</u>
___	___	Sampling equipment	_____
___	___	Safety equipment	_____
___	___	Vehicles	_____
___	___	Analytical equipment	_____

### I. POLLUTION PREVENTION

1. Describe any efforts that have been taken to incorporate pollution prevention into the Pretreatment Program (e.g. waste minimization at IUs, household hazardous waste programs, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Has the source of any toxic pollutants been identified?  
If yes, what was found?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Has the POTW implemented any kind of public education program? If yes, describe:

\_\_\_\_\_  
\_\_\_\_\_

## SECTION II: PROGRAM ANALYSIS AND PROFILE

- 
- 
4. Does the POTW have any pollution prevention success stories for industrial users documented? \_\_\_\_\_. If yes, please attach.
5. Are SIUs required to get a pollution prevention audit or assessment as a part of their permit application or as a requirement of their permit?
- 
- 
6. Has the POTW used any of the various "Guides to Pollution Prevention" as examples to their industrial and commercial users as ways to eliminate or reduce pollutants?  
If yes, which of the "Guides to Pollution Prevention" were used? \_\_\_\_\_
- 
-

### SECTION III: INDUSTRIAL USER FILE REVIEW

FILE #: 1 Industry Name \_\_\_\_\_ File/ID No. \_\_\_\_\_  
Industry Address \_\_\_\_\_  
Industry Description \_\_\_\_\_  
Industrial Category \_\_\_\_\_ 40 CFR \_\_\_\_\_ SIC Code: \_\_\_\_\_  
Ave. Total Flow (gpd) \_\_\_\_\_ Ave. Process Flow (gpd) \_\_\_\_\_

Industry visited during audit: YES NO

Comments: \_\_\_\_\_  
\_\_\_\_\_

FILE #: 2 Industry Name \_\_\_\_\_ File/ID No. \_\_\_\_\_  
Industry Address \_\_\_\_\_  
Industry Description \_\_\_\_\_  
Industrial Category \_\_\_\_\_ 40 CFR \_\_\_\_\_ SIC Code: \_\_\_\_\_  
Ave. Total Flow (gpd) \_\_\_\_\_ Ave. Process Flow (gpd) \_\_\_\_\_

Industry visited during audit: YES NO

Comments: \_\_\_\_\_  
\_\_\_\_\_

FILE #: 3 Industry Name \_\_\_\_\_ File/ID No. \_\_\_\_\_  
Industry Address \_\_\_\_\_  
Industry Description \_\_\_\_\_  
Industrial Category \_\_\_\_\_ 40 CFR \_\_\_\_\_ SIC Code: \_\_\_\_\_  
Ave. Total Flow (gpd) \_\_\_\_\_ Ave. Process Flow (gpd) \_\_\_\_\_

Industry visited during audit: YES NO

Comments: \_\_\_\_\_  
\_\_\_\_\_

FILE #: 4 Industry Name \_\_\_\_\_ File/ID No. \_\_\_\_\_  
Industry Address \_\_\_\_\_  
Industry Description \_\_\_\_\_  
Industrial Category \_\_\_\_\_ 40 CFR \_\_\_\_\_ SIC Code: \_\_\_\_\_  
Ave. Total Flow (gpd) \_\_\_\_\_ Ave. Process Flow (gpd) \_\_\_\_\_

Industry visited during audit: YES NO

Comments: \_\_\_\_\_  
\_\_\_\_\_

FILE #: 5 Industry Name \_\_\_\_\_ File/ID No. \_\_\_\_\_  
Industry Address \_\_\_\_\_

### SECTION III: INDUSTRIAL USER FILE REVIEW

Industry Description \_\_\_\_\_  
Industrial Category \_\_\_\_\_ 40 CFR \_\_\_\_\_ SIC Code: \_\_\_\_\_  
Ave. Total Flow (gpd) \_\_\_\_\_ Ave. Process Flow (gpd) \_\_\_\_\_

Industry visited during audit: YES NO

Comments: \_\_\_\_\_  
\_\_\_\_\_

#### A. Industrial User Characterization

	<u>FILE 1</u>	<u>FILE 2</u>	<u>FILE 3</u>	<u>FILE 4</u>	<u>FILE 5</u>
1. Is the IU considered "significant" by the Control Authority?	_____	_____	_____	_____	_____
2. Is the user subject to categorical pretreatment standards?	_____	_____	_____	_____	_____
a. New source or existing source (NS or ES)?	_____	_____	_____	_____	_____
b. Is this IU one identified as having P <sup>2</sup> potential?	_____	_____	_____	_____	_____

Comments: \_\_\_\_\_

#### B. Control Mechanism

	<u>FILE 1</u>	<u>FILE 2</u>	<u>FILE 3</u>	<u>FILE 4</u>	<u>FILE 5</u>
1. Does the file contain an application for a control mechanism?	_____	_____	_____	_____	_____
If yes, what is the application date?	_____	_____	_____	_____	_____
Does it ask for Pollution Prevention information?	_____	_____	_____	_____	_____
2. Does the file contain a Permit?	_____	_____	_____	_____	_____
Permit Expiration Date?	_____	_____	_____	_____	_____
Is a fact sheet included?	_____	_____	_____	_____	_____
3. Has the SIU been issued a control mechanism containing:					

## SECTION III: INDUSTRIAL USER FILE REVIEW

[403.8(f)(1)(iii)(A)-(E)]

a.	Legal Authority Cite?	_____	_____	_____	_____	_____
b.	Expiration date?	_____	_____	_____	_____	_____
c.	Statement of nontransferability?	_____	_____	_____	_____	_____
d.	Appropriate discharge limitations?	_____	_____	_____	_____	_____
e.	Appropriate self-monitoring requirements?	_____	_____	_____	_____	_____
f.	Sampling frequency?	_____	_____	_____	_____	_____
		<u>FILE 1</u>	<u>FILE 2</u>	<u>FILE 3</u>	<u>FILE 4</u>	<u>FILE 5</u>
g.	Sampling locations?	_____	_____	_____	_____	_____
h.	Requirement for flow monitoring?	_____	_____	_____	_____	_____
i.	Types of samples (grab or composite) for self-monitoring?	_____	_____	_____	_____	_____
j.	Applicable IU reporting requirements?	_____	_____	_____	_____	_____
k.	Standard conditions for:					
	Right of Entry?	_____	_____	_____	_____	_____
	Records retention?	_____	_____	_____	_____	_____
	Civil and Criminal	_____	_____	_____	_____	_____
	Penalty provisions?	_____	_____	_____	_____	_____
	Revocation of permit?	_____	_____	_____	_____	_____
l.	Compliance schedules/ progress reports	_____	_____	_____	_____	_____
m.	General/Specific Prohibitions?	_____	_____	_____	_____	_____
n.	Where technologically and economically achievable, are P <sup>2</sup> aspect included?	_____	_____	_____	_____	_____

Comments:

### SECTION III: INDUSTRIAL USER FILE REVIEW

#### C. Application of Standards

	<u>FILE 1</u>	<u>FILE 2</u>	<u>FILE 3</u>	<u>FILE 4</u>	<u>FILE 5</u>
1. Has the IU been properly categorized?	_____	_____	_____	_____	_____
2. Were both Categorical Standards and Local Limits properly applied?	_____	_____	_____	_____	_____
3. Was the IU notified of recent revisions to applicable pretreatment standards? [403.8(f)(2)(iii)]	_____	_____	_____	_____	_____
4. For IUs subject to production-based standards, have the standards been properly applied? [403.8(f)(1)(iii)]	_____	_____	_____	_____	_____

## SECTION III: INDUSTRIAL USER FILE REVIEW

	<u>FILE 1</u>	<u>FILE 2</u>	<u>FILE 3</u>	<u>FILE 4</u>	<u>FILE 5</u>
5. For IUs with combined wastestreams is the Combined Wastestream Formula or the Flow Weighted Average formula correctly applied? [403.6(d) and (e)]	_____	_____	_____	_____	_____
6. For IUs receiving a "net/gross" variance, are the alternate standards properly applied?	_____	_____	_____	_____	_____
7. Is the Control Authority applying a bypass provision to this IU?	_____	_____	_____	_____	_____

Comments:

### D. Compliance Monitoring

#### Sampling

	<u>FILE 1</u>	<u>FILE 2</u>	<u>FILE 3</u>	<u>FILE 4</u>	<u>FILE 5</u>
1. Does the file contain Control Authority sampling results for the industry?	_____	_____	_____	_____	_____
2. Did the Control Authority sample as frequently as required by its approved program or permit? [403.8(c)]	_____	_____	_____	_____	_____
3. Does the sampling report(s) include: [403.8(f)(2)(vi)]					
a. Name of sampling personnel?	_____	_____	_____	_____	_____
b. Sample date and time?	_____	_____	_____	_____	_____
c. Sample type?	_____	_____	_____	_____	_____
d. Wastewater flow at the time of sampling?	_____	_____	_____	_____	_____
e. Sample preservation					

### SECTION III: INDUSTRIAL USER FILE REVIEW

procedures?	_____	_____	_____	_____	_____
f. Chain-of-custody records?	_____	_____	_____	_____	_____
g. Results for all parameters? SIUs & CIUs [403.12(g)(1) - CIUs]	_____	_____	_____	_____	_____
	<u>FILE 1</u>	<u>FILE 2</u>	<u>FILE 3</u>	<u>FILE 4</u>	<u>FILE 5</u>
4. Has the Control Authority appropriately implemented all applicable TTO monitoring/management requirements?	_____	_____	_____	_____	_____
5. Did the Control Authority adequately assess the need for flow-proportion vs. time-proportion vs. grab samples?	_____	_____	_____	_____	_____
6. Were 40 CFR 136 analytical methods used? [403.8(f)(2)(vi)]	_____	_____	_____	_____	_____
Comments:					

<u>Inspections</u>	<u>FILE 1</u>	<u>FILE 2</u>	<u>FILE 3</u>	<u>FILE 4</u>	<u>FILE 5</u>
7. Does the IU file contain inspection reports?	_____	_____	_____	_____	_____
8. a. Has the Control Authority inspected the IU at least as frequently as required by the approved program or permit? [403.8(c)]	_____	_____	_____	_____	_____
b. Date of last Inspection	_____	_____	_____	_____	_____
9. Does the inspection report(s) include: [403.8(f)(2)(vi)]					
a. Inspector Name(s)	_____	_____	_____	_____	_____
b. Inspection date and time?	_____	_____	_____	_____	_____
c. Name and title of IU					

### SECTION III: INDUSTRIAL USER FILE REVIEW

	official contacted?	_____	_____	_____	_____	_____
d.	Verification of production rates?	_____	_____	_____	_____	_____
e.	Identification of sources, flow, and types of discharge (regulated, dilution flow, etc.)?	_____	_____	_____	_____	_____
f.	Evaluation of pretreatment facilities?	_____	_____	_____	_____	_____
g.	Evaluation of self-monitoring equipment and techniques?	_____	_____	_____	_____	_____
		<u>FILE 1</u>	<u>FILE 2</u>	<u>FILE 3</u>	<u>FILE 4</u>	<u>FILE 5</u>
h.	(Re)-Evaluation of slug discharge control plan & need to develop? [403.8(f)(2)(v)]	_____	_____	_____	_____	_____
i.	Manufacturing facilities?	_____	_____	_____	_____	_____
j.	Chemical handling and storage procedures?	_____	_____	_____	_____	_____
k.	Chemical spill prevention areas?	_____	_____	_____	_____	_____
l.	Hazardous waste storage areas and handling procedures?	_____	_____	_____	_____	_____
m.	Sampling procedures?	_____	_____	_____	_____	_____
n.	Laboratory procedures?	_____	_____	_____	_____	_____
o.	Monitoring records?	_____	_____	_____	_____	_____
p.	Evaluation of Pollution Prevention opportunities?	_____	_____	_____	_____	_____
q.	Control Authority inspector signature?	_____	_____	_____	_____	_____

Comments:

IU Self-Monitoring and Reporting

### SECTION III: INDUSTRIAL USER FILE REVIEW

	<u>FILE 1</u>	<u>FILE 2</u>	<u>FILE 3</u>	<u>FILE 4</u>	<u>FILE 5</u>
10. Does the file contain self-monitoring reports?	_____	_____	_____	_____	_____
11. Does the file include:					
a. BMR?	_____	_____	_____	_____	_____
b. 90-Day Report?	_____	_____	_____	_____	_____
c. All periodic reports?	_____	_____	_____	_____	_____
d. Compliance schedule reports?	_____	_____	_____	_____	_____
12. Did the IU report on all required parameters?	_____	_____	_____	_____	_____
13. Did the IU comply with the required sampling frequency(s)?	_____	_____	_____	_____	_____
14. Did the IU report flow?	_____	_____	_____	_____	_____
15. Did the IU comply with the required reporting frequency(s)?	_____	_____	_____	_____	_____
	<u>FILE 1</u>	<u>FILE 2</u>	<u>FILE 3</u>	<u>FILE 4</u>	<u>FILE 5</u>
16. For all SIUs, are self-monitoring reports signed and certified?	_____	_____	_____	_____	_____
17. Did the IU report all changes in its discharge? [403.12(j)]	_____	_____	_____	_____	_____
18. Has the IU developed a Slug Control and Prevention Plan?	_____	_____	_____	_____	_____
19. Has the industry been responsible for spills or slug loads discharged to the POTW?	_____	_____	_____	_____	_____
If yes, does the file contain documentation regarding:					
a. Did the spill cause Pass Through or Interference?	_____	_____	_____	_____	_____

### SECTION III: INDUSTRIAL USER FILE REVIEW

b. Did POTW respond to the spill?

\_\_\_\_\_

Comments:

#### E. Enforcement

	<u>FILE 1</u>	<u>FILE 2</u>	<u>FILE 3</u>	<u>FILE 4</u>	<u>FILE 5</u>
1. Were all IU discharge violations identified in: [403.8(f)(2)(vi)]					
a. Control Authority monitoring results?	_____	_____	_____	_____	_____
b. IU self-monitoring results?	_____	_____	_____	_____	_____
c. If NS CIU was it compliant within 90 days from commencement of discharge?	_____	_____	_____	_____	_____
2. How many reports submitted during the past reporting year indicated discharge violations?	_____	_____	_____	_____	_____
3. Did the IU notify the Control Authority within 24 hours of becoming aware of the violation(s)?	_____	_____	_____	_____	_____

#### Enforcement (continued)

	<u>FILE 1</u>	<u>FILE 2</u>	<u>FILE 3</u>	<u>FILE 4</u>	<u>FILE 5</u>
4. Was additional monitoring conducted within 30 days after each discharge violation occurred?	_____	_____	_____	_____	_____
5. Were all nondischarge violations identified in the file?	_____	_____	_____	_____	_____
6. Was the IU notified of all violations?	_____	_____	_____	_____	_____
7. Was follow-up enforcement					

### SECTION III: INDUSTRIAL USER FILE REVIEW

action taken by the Control Authority?	_____	_____	_____	_____	_____
8. Did the Control Authority follow its approved ERP?	_____	_____	_____	_____	_____
9. Did the Control Authority's enforcement action result in the IU achieving compliance?	_____	_____	_____	_____	_____
10. Is there a compliance schedule? If yes:	_____	_____	_____	_____	_____
11. Were there any compliance schedule violations?	_____	_____	_____	_____	_____
12. Was SNC calculated for the violations on a quarterly basis? [403.8(f)(2)(vii)]	_____	_____	_____	_____	_____
During evaluation for SNC, did the CA consider each of the following criteria?					
a. Chronic violations	_____	_____	_____	_____	_____
b. TRC	_____	_____	_____	_____	_____
c. Pass through/Interference	_____	_____	_____	_____	_____
d. Spill/slug loads	_____	_____	_____	_____	_____
e. Reporting	_____	_____	_____	_____	_____
f. Compliance schedule	_____	_____	_____	_____	_____
g. others (specify)	_____	_____	_____	_____	_____
13. Was the SIU published for SNC?	_____	_____	_____	_____	_____
Date of publication.	_____	_____	_____	_____	_____

Comments:

## SECTION III: INDUSTRIAL USER FILE REVIEW

# **PRETREATMENT AUDIT**

(MUNICIPAL POLLUTION PREVENTION ASSESSMENT)

### **INDUSTRIAL SITE VISIT**

Control Authority: \_\_\_\_\_ NPDES #: \_\_\_\_\_

Name, address and phone number of industry:

Type of industry:

Date/Time of visit:

(Include regulatory citation if CIU)

Industry contacts:

	Yes	No	N/A
1. Significant industrial user?	_____	_____	_____
2. Classified correctly?	_____	_____	_____
3. Pretreatment equipment or procedures?	_____	_____	_____
4. Pretreatment equipment maintained and operational?	_____	_____	_____
5. Hazardous waste generated or stored?	_____	_____	_____
6. Proper solid waste disposal?	_____	_____	_____
7. Solvent management/TTO control?	_____	_____	_____
8. Suitable sampling location?	_____	_____	_____
9. Appropriate self-monitoring procedures/equipment?	_____	_____	_____
10. Adequate spill prevention and control?	_____	_____	_____
11. Industrial familiar with limits and requirements?	_____	_____	_____
12. Pollution Prevention activity	_____	_____	_____

---

Additional comments:

### SECTION III: INDUSTRIAL USER FILE REVIEW

Visit conducted by: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

(signature of auditor conducting visit)

**SECTION III: INDUSTRIAL USER FILE REVIEW**

**PRETREATMENT AUDIT**  
**(MUNICIPAL POLLUTION PREVENTION ASSESSMENT)**

**INDUSTRIAL SITE VISIT (CONTINUED)**

Control Authority: \_\_\_\_\_ NPDES #: \_\_\_\_\_

Industry name: \_\_\_\_\_

Additional comments:

\_\_\_\_\_

Visit conducted by: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

(signature of auditor conducting visit)

# REPORTABLE NONCOMPLIANCE (RNC)

## for the Pretreatment Audit Checklist

### (MUNICIPAL POLLUTION PREVENTION ASSESSMENT CHECKLIST)

Control Authority: \_\_\_\_\_ NPDES #: \_\_\_\_\_

\_\_\_\_\_

Date of Audit: \_\_\_\_\_ Date entered into QNCR: \_\_\_\_\_

\_\_\_\_\_

(ASSESSMENT)

Level

\_\_\_\_\_

\_\_\_\_\_

YES	NO	Failure to enforce against pass through and/or interference	I
-----	----	--	---

\_\_\_\_\_

\_\_\_\_\_

YES	NO	Failure to submit required reports within 30 days	I
-----	----	--	---

\_\_\_\_\_

\_\_\_\_\_

YES	NO	Failure to meet compliance schedule milestone date within 90 days	I
-----	----	--	---

\_\_\_\_\_

\_\_\_\_\_

YES	NO	Failure to issue/reissue control mechanisms to 90% of SIUs within	II
-----	----	--	----

6 months

---

YES NO Failure to inspect or sample 80%  
of SIUs within the last reporting year II

---

YES NO Failure to enforce pretreatment  
standards and reporting requirements II

---

YES NO Other violations of concern  
II

---

SIGNIFICANT NONCOMPLIANCE (SNC)

YES NO Is the Control Authority in SNC for violation  
of any Level I criterion.

YES NO Is the Control Authority in SNC for violation  
of 2 or more Level II criterion.

# WENDB DATA ENTRY WORKSHEET

## AUDIT / (ASSESSMENT)

NAME OF PROGRAM: \_\_\_\_\_ NPDES #: \_\_\_\_\_

DATE OF AUDIT (DTIA): \_\_\_\_\_ INSPECTION TYPE: G  
(ASSESSMENT)

INSPECTOR CODE (INSP): \_\_\_\_\_ FACILITY TYPE (FACC): 1

<u>Description</u>	<u>PCS Code</u>	<u>Data</u>
Date permit <u>originally</u> modified to require Pretreatment implementation	PTIM	_____
Number of SIUs without effective control mechanism unexpired where one is required	NOCM	_____
Number of Significant IUs (based upon the definition of the Control Authority)	SIUS	_____
Number of Categorical IUs	CIUS	_____
Technical evaluation of Local Limits	EVLL	_____
Adoption of TBLLs	ADLL	_____
Number of SIUs not inspected or sampled during the past year	NOIN	_____
Number of SIUs in SNC with Pretreatment Standards or		

Reporting

PSNC

\_\_\_\_\_

Number of SIUs in SNC with  
self-monitoring by failing to  
accurately report noncompliance  
or failure to provide results within  
30 days of due date

MSNC

\_\_\_\_\_

Number of SIUs in SNC with self-  
monitoring and not inspected  
or sampled during the past year

SNIN

\_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

ENTERED INTO PCS: \_\_\_\_/\_\_\_\_/\_\_\_\_ by: \_\_\_\_\_